

**In re Brian W. Laity**

**Debtor(s)**

Case No. 11-20304

(if known)

## **SCHEDULE A-REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Primary Residence located @ 5514 Old Route 22 Hamburg PA 19526			\$ 150,000.00	\$ 129,184.31
Cemetery Lots located @ Berks County Memorial Gardens * 2 Spaces 68-D*			\$ 590.00	\$ 0.00

In re Brian W. Laity

Case No. 11-20304

Debtor(s)

(if known)

## SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N o n e	Description and Location of Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
			Husband--H Wife--W Joint--J Community--C	
1. Cash on hand.		<i>Cash on hand</i> <i>Location: In debtor's possession</i>		\$ 60.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Checking Account with CTCE</i> <i>Location: In debtor's possession</i>		\$ 1,000.00
		<i>Checking Account with National Penn Bank</i> <i>Location: In debtor's possession</i>		\$ 100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Household goods and furnishings consisting of: pool table, light, 3 tvs, 2 bookshelves, sofa chair, 2 tables, kitchen table, chairs, 2 beds, 2 desks, 2 recliners, 2 stereo's, 4 lights, washer, dryer, lawn mower, snow blower, golf clubs, misc tools, table saw, refrigerator, dish washer, computer</i> <i>Location: In debtor's possession</i>		\$ 1,950.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<i>Wearing apparel usual items not worth more than \$300.00 aggregate in value of \$4,000.00.</i> <i>Location: In debtor's possession</i>		\$ 4,000.00

In re Brian W. Laity

Case No. 11-20304

Debtor(s)

(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
			Husband--H Wife--W Joint--J Community--C	
7. Furs and jewelry.		<i>Jewelry</i> <i>Location: In debtor's possession</i>		\$ 300.00
8. Firearms and sports, photographic, and other hobby equipment.		<i>Firearms/Hobby Equipment</i> <i>Location: In debtor's possession</i>		\$ 800.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<i>Carpenter Technology Pension serviced w/Vanguard Fiduciary Trust</i>  <i>*Benefits = \$2,154.39 minus taxes and insurance = \$1,435.86 net per month*</i> <i>Location: In debtor's possession</i>		\$ 0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

In re Brian W. Laity

Case No. 11-20304

Debtor(s)

(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
			Wife--W	
			Joint--J	Community--C
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.		2001 Chevrolet Monte Carlo SS Coupe 2D with 110,000 miles in good condition Location: In debtor's possession		\$ 3,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

In re

Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

**SCHEDULE C-PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

 Check if debtor claims a homestead exemption that exceeds \$146,450.\*

(Check one box)

 11 U.S.C. § 522(b) (2) 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Cemetery Lots	11 USC 522(d) (5)	\$ 590.00	\$ 590.00
Primary Residence	11 USC 522(d) (1)	\$ 5,815.69	\$ 150,000.00
Cash on hand	11 USC 522(d) (5)	\$ 60.00	\$ 60.00
Checking Account with CTCE	11 USC 522(d) (5)	\$ 1,000.00	\$ 1,000.00
Checking Account with National Penn Bank	11 USC 522(d) (5)	\$ 100.00	\$ 100.00
Household goods and furnishings	11 USC 522(d) (3)	\$ 1,950.00	\$ 1,950.00
Wearing apparel	11 USC 522(d) (3)	\$ 4,000.00	\$ 4,000.00
Jewelry	11 USC 522(d) (4)	\$ 300.00	\$ 300.00
Firearms/Hobby Equipment	11 USC 522(d) (5)	\$ 800.00	\$ 800.00
Carpenter Technology Pension serviced w/Vanguard Fiduciary Trust	11 USC 522(d) (10) (E)	\$ 0.00	\$ 0.00
2001 Chevrolet Monte Carlo SS Coupe 2D	11 USC 522(d) (2) 11 USC 522(d) (5)	\$ 3,450.00 \$ 50.00	\$ 3,500.00

Page No. 1 of 1

B6D (Official Form 6D) (12/07)

In re Brian W. LaityDebtor(s)Case No. 11-20304

(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i>	Co-Debtor	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
			H--Husband	W--Wife	J--Joint	C--Community	
Account No: 8990		2010 2010 School Real Estate Primary Residence				\$ 2,232.10	\$ 0.00
Creditor # : 1 Berks County Tax Claim Bureau 633 Court Street, 2nd Floor Services Center Reading PA 19601		Value: \$ 150,000.00					
Account No: 8990		Christine Burke, Tax Collector 64 Forge Dam Road PO BOX 106 Shartlesville PA 19554-0106					
Representing: Berks County Tax Claim Bureau		Value:					
Account No: 8990		2010 2010 County/Municipal Tax Primary Residence				\$ 819.71	\$ 0.00
Creditor # : 2 Berks County Tax Claim Bureau 633 Court Street, 2nd Floor Services Center Reading PA 19601		Value: \$ 150,000.00					
2 continuation sheets attached		Subtotal \$ (Total of this page)				\$ 3,051.81	\$ 0.00
		Total \$ (Use only on last page)					
			(Report also on Summary of Schedules.)				(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

B6D (Official Form 6D) (12/07) - Cont.

In re Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Amount of Claim Without Deducting Value of Collateral			Unsecured Portion, If Any
			Contingent	Unliquidated	Disputed	
Account No: <b>8990</b>		H--Husband W--Wife J--Joint C--Community				
Representing: <b>Berks County Tax Claim Bureau</b>		<i>Christine Burke, Tax Collector 64 Forge Dam Road PO BOX 106 Shartlesville PA 19554-0106</i>				
Account No: <b>5587</b>		Value:				
Creditor # : 3 <b>Commonwealth Financial Systems</b> 245 Main Street Dickson City PA 18519		11/1998-07/2008 Judgment/Lien on Primary Residence per Berks County Docket 10-15039			\$ 28,163.50	\$ 0.00
Value: \$ 150,000.00						
Account No: <b>5587</b>		<i>Chase Bank 800 Brookside Blvd. Westerville OH 43081</i>				
Representing: <b>Commonwealth Financial Systems</b>		Value:				
Account No: <b>5587</b>		<i>Alan R. Mege, Esquire Law Office of Alan R Mege Esq PO BOX 1426 Bethlehem PA 18016-1426</i>				
Representing: <b>Commonwealth Financial Systems</b>		Value:				
Account No: <b>5587</b>		<i>Law Offices of Alan Mege 70 East Broad Street Bethlehem PA 18016-1426</i>				
Representing: <b>Commonwealth Financial Systems</b>		Value:				
Account No: <b>5587</b>		<i>Commonwealth Finance 120 Keyser Scranton PA 18504</i>				
Representing: <b>Commonwealth Financial Systems</b>		Value:				

Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors

Holding Secured Claims

**Subtotal \$**  
(Total of this page) **\$ 28,163.50** **\$ 0.00**

**Total \$**  
(Use only on last page)

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

B6D (Official Form 6D) (12/07) - Cont.

In re Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i>	Co-Debtor	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Amount of Claim Without Deducting Value of Collateral			Unsecured Portion, If Any
			Contingent	Unliquidated	Disputed	
Account No: <u>3001</u>		12/2006 Mortgage Equity Loan Primary Residence		\$ 97,969.00		\$ 0.00
Creditor # : <u>4</u> Wells Fago Bank, NA PO BOX 40039 Roanoke VA 24022-0039		Value: \$ 150,000.00				
Account No:		Value:				
Account No:		Value:				
Account No:		Value:				
Account No:		Value:				
Account No:		Value:				
Account No:		Value:				

Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors

Holding Secured Claims

Subtotal \$ (Total of this page)	\$ 97,969.00	\$ 0.00
Total \$ (Use only on last page)	\$ 129,184.31	\$ 0.00

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Brian W. LaityCase No. 11-20304Debtor(s)

(if known)

## **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**No continuation sheets attached**

B6F (Official Form 6F) (12/07)

In re Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on  
 Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address  including Zip Code,  And Account Number  (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim.  If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
			H--Husband	W--Wife	J--Joint	C--Community
Account No: <b>3957</b>		9/2001-9/2009 Credit Card				\$ 7,934.00
<i>Creditor # : 1 Capital One Bank Attn: General Correspondence PO BOX 30285 Salt Lake City UT 84130-0285</i>						
Account No: <b>3957</b>		Capital One Bank PO BOX 30281 Salt Lake City UT 84130				
<i>Representing: Capital One Bank</i>						
Account No: <b>3050</b>		04/2002-1/2008 Credit Card				\$ 14,502.00
<i>Creditor # : 2 CitiBank CBSD NA PO BOX 6497 Sioux Falls SD 57117-6497</i>						
Account No: <b>0065</b>		12/2002-1/2008 Credit Card		X		\$ 0.00
<i>Creditor # : 3 HSBC Retail Services PO BOX 5253 Carol Stream IL 60197</i>						
<b>4 continuation sheets attached</b>						
						<b>Subtotal \$</b>
						<b>Total \$</b>
						<b>\$ 22,436.00</b>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: <b>8649</b> <i>Creditor # : 4 Orthopaedic Associates of Read 301 S. 7th Street, Ste 3220 Reading PA 19611</i>		2009 <i>Medical Bill</i>				\$ 244.68
Account No: <b>1003</b> <i>Creditor # : 5 Reading Anesthesia Associates PO BOX 16052 Reading PA 19612</i>		2010 <i>Medical Bill</i>				\$ 57.00
Account No: <b>1003</b> <i>Representing: Reading Anesthesia Associates</i>		Revenue Recovery Corporation 612 Gay Street Knoxville TN 37902				
Account No: <b>6576</b> <i>Creditor # : 6 Spring Ridge Surgical Special 2758 Century Blvd Suite 1 Reading PA 19610</i>		2009 <i>Medical Bill</i>				\$ 219.70
Account No: <b>0561</b> <i>Creditor # : 7 Sunoco Citibank SD NA PO BOX 6497 Sioux Falls SD 57117-6497</i>		07/1999-11/2010 <i>Credit Card</i>				\$ 3,303.00
Account No: <b>0561</b> <i>Representing: Sunoco Citibank SD NA</i>		United Recovery Systems 5800 North Course Drive Houston TX 77072				

Sheet No. 1 of 4 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$                   
Total \$                 

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

\$ 3,824.38

B6F (Official Form 6F) (12/07) - Cont.

In re Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>2438</b>  Creditor # : 8 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		2009 Medical Bill				\$ 1,697.20
Account No: <b>2438</b>  Representing: The Reading Hospital and Med.		Accounts Recovery Bureau 555 Van Reed Road Reading PA 19610				
Account No: <b>0323</b>  Creditor # : 9 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		09/2009 Medical Bill				\$ 80.07
Account No: <b>0323</b>  Representing: The Reading Hospital and Med.		Computer Credit 640 West 4th Street PO BOX 5238 Winston Salem NC 27113-5238				
Account No: <b>0340</b>  Creditor # : 10 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		09/2009 Medical Bill				\$ 30.00
Account No: <b>0340</b>  Representing: The Reading Hospital and Med.		Computer Credit 640 West 4th Street PO BOX 5238 Winston Salem NC 27113-5238				
 Sheet No. <u>2</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal \$</b>
						<b>Total \$</b>
						\$ 1,807.27
						(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Brian W. Laity

Debtor(s)

Case No. 11-20304

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: <b>9096</b>  Creditor # : 11 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		2009 Medical Bill				\$ 62.00
Account No: <b>9096</b>  Representing: The Reading Hospital and Med.		Accounts Recovery Bureau 555 Van Reed Road Reading PA 19610				
Account No: <b>9054</b>  Creditor # : 12 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		2010 Medical Bill				\$ 309.00
Account No: <b>9054</b>  Representing: The Reading Hospital and Med.		Accounts Recovery Bureau 555 Van Reed Road Reading PA 19610				
Account No: <b>0307</b>  Creditor # : 13 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		2010 Medical Bill				\$ 1,359.00
Account No: <b>0307</b>  Representing: The Reading Hospital and Med.		Accounts Recovery Bureau 555 Van Reed Road Reading PA 19610				

Sheet No. 3 of 4 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,730.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

**B6F (Official Form 6F) (12/07) - Cont.**

**In re Brian W. Laity**

Case No. 11-20304

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
Account No:					
Account No: 0307  Representing: The Reading Hospital and Med.		Computer Credit 640 West 4th Street PO BOX 5238 Winston Salem NC 27113-5238			
Account No: 0047  Creditor # : 14 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		2010 Medical Bill			\$ 60.00
Account No: 0047  Representing: The Reading Hospital and Med.		Accounts Recovery Bureau 555 Van Reed Road Reading PA 19610			
Account No: 0039  Creditor # : 15 The Reading Hospital and Med. PO BOX 16051 Reading PA 19612-6051		2010 Medical Bill			\$ 1,291.00
Account No: 0039  Representing: The Reading Hospital and Med.		Accounts Recovery Bureau 555 Van Reed Road Reading PA 19610			
Account No:					

Sheet No. 4 of 4 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>\$ 1,351.00</b>
<b>Total \$</b> to on Summary of cities and Related	<b>\$ 31,148.65</b>

In re Brian W. Laity

/ Debtor

Case No. 11-20304

(if known)

**SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Brian W. Laity

/ Debtor

Case No. 11-20304

(if known)

**SCHEDULE H-CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Brian W. LaityCase No. 11-20304

Debtor(s)

(if known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <i>Widowed</i>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	<i>Retired</i>	
Name of Employer		
How Long Employed		
Address of Employer		
Occupation	<i>Sales Person - PT</i>	
Name of Employer	<i>Kuzans</i>	
How Long Employed	<i>2.5 years</i>	
Address of Employer	<i>Hamburg PA 19526</i>	
INCOME: (Estimate of average or projected monthly income at time case filed)		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ <i>876.16</i>	\$ <i>0.00</i>
2. Estimate monthly overtime	\$ <i>0.00</i>	\$ <i>0.00</i>
3. SUBTOTAL	\$ <i>876.16</i>	\$ <i>0.00</i>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <i>142.28</i>	\$ <i>0.00</i>
b. Insurance	\$ <i>0.00</i>	\$ <i>0.00</i>
c. Union dues	\$ <i>0.00</i>	\$ <i>0.00</i>
d. Other (Specify): <i>(Specify): Social Security</i>	\$ <i>0.00</i>	\$ <i>0.00</i>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <i>142.28</i>	\$ <i>0.00</i>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <i>733.87</i>	\$ <i>0.00</i>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ <i>0.00</i>	\$ <i>0.00</i>
8. Income from real property	\$ <i>0.00</i>	\$ <i>0.00</i>
9. Interest and dividends	\$ <i>0.00</i>	\$ <i>0.00</i>
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <i>0.00</i>	\$ <i>0.00</i>
11. Social security or government assistance (Specify): <i>Pension - Death Benefit from W</i>	\$ <i>1,604.00</i>	\$ <i>0.00</i>
12. Pension or retirement income	\$ <i>1,435.86</i>	\$ <i>0.00</i>
13. Other monthly income (Specify): <i>Pension - Death Benefit from W</i>	\$ <i>61.16</i>	\$ <i>0.00</i>
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <i>3,101.02</i>	\$ <i>0.00</i>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <i>3,834.89</i>	\$ <i>0.00</i>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ <i>3,834.89</i>	
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re Brian W. Laity

Case No. 11-20304

Debtor(s)

(if known)

## SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) .....	\$.....	650.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel .....	\$.....	170.00
b. Water and sewer .....	\$.....	55.00
c. Telephone .....	\$.....	0.00
d. Other <i>Trash</i> .....	\$.....	32.00
Other <i>Cable/Internet</i> .....	\$.....	180.00
Line 2 Continuation Page Total (see continuation page for itemization)	\$.....	250.00
3. Home maintenance (repairs and upkeep) .....	\$.....	35.00
4. Food .....	\$.....	400.00
5. Clothing .....	\$.....	50.00
6. Laundry and dry cleaning .....	\$.....	0.00
7. Medical and dental expenses .....	\$.....	100.00
8. Transportation (not including car payments) .....	\$.....	225.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc. .....	\$.....	120.00
10. Charitable contributions .....	\$.....	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's .....	\$.....	90.00
b. Life .....	\$.....	0.00
c. Health .....	\$.....	0.00
d. Auto .....	\$.....	106.00
e. Other .....	\$.....	0.00
Other .....	\$.....	0.00
12. Taxes (not deducted from wages or included in home mortgage) (Specify) <i>County/School Taxes</i> .....	\$.....	255.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto .....	\$.....	0.00
b. Other: .....	\$.....	0.00
c. Other: .....	\$.....	0.00
14. Alimony, maintenance, and support paid to others .....	\$.....	0.00
15. Payments for support of additional dependents not living at your home .....	\$.....	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) .....	\$.....	0.00
17. Other: <i>Pet care/Food</i> .....	\$.....	100.00
Other: <i>Cigarettes</i> .....	\$.....	200.00
Line 17 Continuation Page Total (see continuation page for itemization)	\$.....	200.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$.....	3,218.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 16 of Schedule I .....	\$.....	3,834.89
b. Average monthly expenses from Line 18 above .....	\$.....	3,218.00
c. Monthly net income (a. minus b.) .....	\$.....	616.89

In re Brian W. Laity,  
Debtor(s)

Case No. 11-20304

**SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR**  
(Continuation page)

2. (continuation) OTHER UTILITIES

<u>Cell Phone</u> .....	\$.....	90.00
<u>Oil/Propane</u> .....	\$.....	160.00
Line 2 Continuation Page Total (seen as line item "2" on Schedule J)		\$ 250.00

17. (continuation) OTHER EXPENSES

<u>Prescriptions</u> .....	\$.....	40.00
<u>Estimated SS taxes (no withholding)</u> .....	\$.....	160.00
Line 17 Continuation Page Total (seen as line item "17" on Schedule J)		\$ 200.00